

**MEDICAL RECORD****STATEMENT OF RELATIONSHIP TO CHILD**CONDITIONS GOVERNING PARTICIPATION OF CHILDREN IN RESEARCH:

The primary purpose of the Clinical Center is the conduct of biomedical research concerning health and disease. The human subject protection regulations require that the Clinical Center obtain the agreement of the parent(s) or legally authorized guardian to the participation of their child or ward in research.

1) PLEASE INDICATE YOUR RELATIONSHIP TO THE CHILD (CHECK BOX):☐

Biological parent or legally authorized adoptive parent

☐

Legal guardian

☐

Foster parent

☐

Other (Please describe your relationship to the child) \_\_\_\_\_

## 2) If you are separated or divorced, do you have full or joint legal custody of the child?

Please circle one:

YES

NO

## 3) If you are the legal guardian, please provide a copy of the guardianship papers to Admissions staff.

\_\_\_\_\_  
Signature of Parent/Legal Guardian\_\_\_\_\_  
Date

Patient Identification

Statement of Relationship to Child  
NIH- 2812 (3-02)  
P.A. 09-25-0099  
File in Section 4: Admission/Discharge